

AMENDMENT TO AGREEMENT TO PURCHASE SERVICES

Original Provider Name: _____

Contract number: _____

New Provider Name: _____

Contract amount: \$_____

New Vendor ID #: _____

Contract Termination Date: _____

The Agreement referenced above, by and between the State of Maine, Department of Health and Human Services, hereinafter called "Department," and Original Provider, is hereby amended to reflect the fact that Original Provider has been purchased by New Provider, hereinafter called "Provider", located at _____. Provider hereby accepts responsibility for delivery of the services described in the original contract, under the same terms and conditions outlined therein.

All other terms and conditions of the original agreement shall remain in effect. The Department and Contractor, by their duly authorized representatives, have executed this amendment to the said original agreement on this _____ day of _____, _____.

DEPT of HEALTH AND HUMAN SVS.

By:

**Geoffrey Green, Deputy Commissioner,
Operations and Support**

Typed Name and Title

CONTRACTOR:

CONTRACT REVIEW COMMITTEE
APPROVED:

By:

Date: _____

Signature, Contractor Representative

By: _____

Typed Name and Title